

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033542

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8434

STATE FILE NUMBER

FILED AUG 22 1963

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>5341 Wells</b>	
3. NAME OF DECEASED (Type or print) First <b>Ida</b> Middle <b>Cox</b> Last <b>Cox</b>		4. DATE OF DEATH Month <b>8</b> Day <b>19</b> Year <b>63</b>	
5. -SEX <b>Fem.</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1895</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME <b>DUD TAYLOR</b>		11b. MOTHER'S MAIDEN NAME <b>LAURA FELS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS. MARY JACKSON</b>		Address <b>5341 WELLS</b>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetic Acidosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Diabetes Mellitus</b> DUE TO (c) <b>260X</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>8-11-63</b> to <b>8-19-63</b> and last saw <b>her</b> alive on <b>8-19-63</b>		Death occurred at <b>9:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>James H. Miller, M.D.</b>		22b. ADDRESS <b>2601 N. Whittier</b>	
22c. DATE SIGNED <b>8-19-63</b>			
23a. BURIAL CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>8-24-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>WASHINGTON PARK</b>	
23d. LOCATION (City, town, or county) (State) <b>ST LOUIS CO. MO.</b>			
24. FUNERAL DIRECTOR <b>LOVE UNDERTAKING CO.</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 19 1963</b>	
ADDRESS <b>3103 WASHINGTON</b>		26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

St. Louis

St. Louis

St. Louis

St. Louis

Homer G. Phillips

8 19 83

Cox

Ida

Negro

Fern

St. Louis

St. Louis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

x or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

83-01-8

xx

83-01-8

83-11-8

A 05:2

83-01-8

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.